## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where m

appropriate. All further indicated unless correct maintenance fee notifica	ed below or directed oth	ng the Patent, ac nerwise in Block	ivance of 1, by (	rders and notification a) specifying a new c	of n	naintenance fees v pondence address;	/ill be and/or	mailed to the current (b) indicating a sepa	corres rate "I	pondence address as FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
WENDEROTH, LIND & PONACK, L.L.P. 1030 15th Street, N.W., Suite 400 East						Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
Washington, DC	20005-1503									(Depositor's name)	
										(Signature)	
										(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN			OR AT		ATTORNEY DOCKET NO.		FIRMATION NO.	
10/593,461 TITLE OF INVENTION	09/19/2006 : ORGANIC COMPOU	NDS		Peter Herold				2006_1381A		8997	
APPLN. TYPE	SMALL ENTITY	Y ISSUE FEE D		PUBLICATION FEE D	OUE	PREV. PAID ISSU	E FEE	E TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO	\$1510		\$300		\$0		\$1810		12/14/2010	
EXAMINER		ART UNI	Т	CLASS-SUBCLASS							
SHIAO, REI TSANG		1628		514-415000		l					
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED O				registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  N THE PATENT (print or type)							
recordation as set fort (A) NAME OF ASSI NOVARTIS	rm iš NO	the data will appear on the patent. If an assignee is identified below, the document has been filed for NOT a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  BASEL, SWITZERLAND  The printed on the patent): Individual Corporation or other private group entity Government									
Please check the appropr	iate assignee category or	categories (will	not be p	rinted on the patent):	<u> </u>	Individual 🖴 Co	orporati	on or other private gro	up ent	ity 🖵 Government	
☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies				<ul> <li>4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO 2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-0975 (enclose an extra copy of this form).</li> </ul>							
5. Change in Entity Sta  a. Applicant claim	<b>tus</b> (from status indicate is SMALL ENTITY statu		27.	☐ b. Applicant is no	o lons	ger claiming SMAl	LL ENT	FITY status. See 37 CF	FR 1.2	7(g)(2).	
NOTE: The Issue Fee an	d Publication Fee (if req	uired) will not be	e accepte	d from anyone other th							
Authorized Signature	/Michael R. D	Digitally sig DN: cn=/Mi email=mda	ned by /Michae	l R. Davis/ p=WLP, ou, .com, c=US		Date Dec	embe	er 3, 2010			
Typed or printed name Michael R. Davis				Registration No. 25, 134							
This collection of inform an application. Confiden submitting the complete this form and/or suggests Box 1450, Alexandria, V Alexandria, Virginia 223	tiality is governed by 35 d application form to the ions for reducing this bu Virginia 22313-1450. DC	U.S.C. 122 and USPTO. Time rden, should be s	37 CFR will vary sent to th	1.14. This collection in depending upon the interpretation Chief Information C	is est indiv Office	imated to take 12 i idual case. Any co er. U.S. Patent and	minutes mment Traden	to complete, includin s on the amount of tir nark Office, U.S. Depa	g gathe ne you artment	ering, preparing, and require to complete t of Commerce, P.O.	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.